



TOWN OF MILLVILLE
 36404 Club House Road, Millville, DE 19967
 TEL (302) 539-0449 FAX (302) 539-0879
 www.millville.delaware.gov

DATE RECEIVED: _____

FEE: _____

BUSINESS LICENSE APPLICATION

INSTRUCTIONS:

1. Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website for complete information.
2. Submit a copy of your valid Delaware State Business License. **ALL CONTRACTORS** are required to submit poof of liability insurance, issued in the name of the business.
3. **FEE SCHEDULE:**

Annual Business License.....	\$100
Annual License if purchased after Nov. 1 st	\$ 50
If purchased after March 31 st	\$ 25
Temporary License (up to 30 consecutive days)	\$ 25
NOTE: Late Fee applied if business is invoiced, and invoice is not paid by June 1st	\$ 50
4. Business licenses run concurrent with the Town’s fiscal year - May 1st thru April 30th. Renewal invoices are *automatically* mailed out on or about May 1st to the mailing address provided by the applicant and are due June 1st.
Working without obtaining the required business license is a violation of the Town Code and subject to penalties.
5. If you will not be renewing your business license for the next fiscal year, it is important to contact us at 302-539-0449 or email: millville@mvtown.com and let us know.
6. **ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED:**

BUSINESS NAME: _____

MAILING ADDRESS: _____

DBA (if applicable) _____

NATURE OF BUSINESS: _____

If partnership or corporation, please provide the following of individuals or principal officers:

Name: _____

Address: _____

Phone: _____

PHYSICAL LOCATION OF BUSINESS: _____

CONTACT PERSON AND TITLE: _____

BUSINESS PHONE: _____

FAX: _____ **EMAIL:** _____

I swear or affirm under penalty of perjury that the information on this application is true and correct and that a false answer can subject the application to denial or a license to be revoked.

Applicant’s signature: _____ **Date:** _____

TOWN OFFICIAL USE ONLY

Customer No. _____ I- _____ L- _____

Received By: _____ Amount: \$ _____ Check #: _____ Date: _____

Town Official Approval: _____ Date: _____